

Participants

Table 1	Table 2	Table 3	Table 4
Jim Jones	George Brenner	Nancy Jewell	Susan Pieples
John McGrew	Celia Leaird	Kathleen O'Connell	Lisa Winterheimer
John Williams	Pam McConey	Diana Williams	Sabina Calhoun
Alma Burrus	Kathy Weaver	Debbie Herrmann	Michelle Danner
	Rebecca Smith	Gina Eckart	Ronda Ames
	Bob Levy		Tracy Brunner
	Betty Walton		John Dwenger

Question 1	Table 1	Table 2	Table 3	Table 4	Common Themes
What areas of our transformation initiatives do you feel good about?	Focusing on the system	Kept going - Stayed on target	Identification of Gaps	CANS / ANSA	Assessments
	The desire to use data and compare data	Education of entire group	Vehicle for multiple stakeholder perspectives	Consumer Involvement Increased	CSR Baseline
	Standardization of services and accountability	Moving toward Performance Based contracts - is happening in incremental methods	Getting state agencies together that don't usually talk	Funding of consumers involvement discussed	Everyone here
	Focusing on Recovery as a goal	CANS as part of performance based contracts as well as a method for assessing children and making intervention decisions	Having other state agencies take a role. Increased/shared accountability. Funding/ promoting and ensuring care	Technical Assistance	Data driven / Accountability
	Evidence Based Practices	Cross System collaboration	Increased networking	Consumer Service Reviews	Consumer Involvement
		Consumer Service Reviews baseline to measure how we're doing	CANS - multiple agencies using same tool	Looking for gaps	Silo Breakdown
			Review of current administrative, legislative policy and funding	Forum to talk	Cross Systems

Question 2	Table 1	Table 2	Table 3	Table 4	Common Themes
Are there initiatives we need to add more energy to?	Get to the details; prioritize most important issues within the system to address, i.e.: EBP's, Service Components, outcomes	Cross cutting impact of addictions	CONSUMER INVOLVEMENT -- Involvement of people outside of state government -- Rural community needs to be included	Physical / MH Primary Care	Dissemination of Data and Outcomes
	Find resources to address priority issues	Rationalizing the needs of addictions within the current delivery system	Multiple avenues for participation call-ins for meetings, video conferencing	Dissemination of information	Communication
	Use outcomes collected - Feedback	Review of financial systems in order to finance treatment (current systems do necessarily fit)	Improve communication of sub committees and TWG activity	Educate stakeholders - Take the information out to other parts of the state	More diverse consumer, family and others
	Funding resource	Re-integration into community	It's time for another report	Build capacity	Where are we?
	High tech tools (electronic medical records) - It would be good if DMHA could give seed money, that way they would have some say about what system is used.	Recognition that the correction system has become the system for forensic treatment	DOC re-entry - better linkage to providers upon release	Shortages of staff	Action / Implementation
	Figure out a way to relate financing to programs and align	Have we placed enough energy into seamless deliver in order to prevent re-entry	Reasons for lost participation (TWG members, etc.)		Unique populations -- EMR, Special populations, Integration of BH/MH
		What impact have we had? (Affected provision services)	Follow up on data / make accessible to public -- use information to help inform decision making		Return to community (DOC)
		Cross system plan for emotional and behavioral health of children introduced in legislation -- nothing has really come of it	Look at other states -- learn from their transformation efforts		Structure of TWG
		DOC has become the forensic psychiatric treatment system for long term care	Integration of physical and behavioral health (Primary care reimbursement)		What does transformation look and feel like?
		Practical outcomes for cross system initiative(s)			
		Consumer and family driven?			

Question 3	Table 1	Table 2	Table 3	Table 4	Common Themes
What topics do we need to discuss that we have not discussed throughout this process?	Is scope of this project limited to DMHA or should other entities be included (CHC's)	Prevention as part of mission	Identify provider gaps -- Underserved communities -- workforce issues	Clearly define process -- What are the next steps?	Workforce Development
	Include Medicaide representatives -- utilize Medicaid funding	Financing the transformation	Should SPFSIG be incorporated within transformation?	Re-involving other agencies and invite back	Prevention
	Lack of integration -- across systems -- across diagnoses	Problem gambling	Formal communication about progress	Crisis issues / Gaps analysis (resources, age, rural/urban)	Gap Analysis - Access (age, dollars, rural/urban)
	Workforce development	America's #1 health problem is untreated Mental Illness - life expectancy shorter	Un/underinsured (parity) safety net, working poor	Flow chart for accessing system. How hard it is to get into the system	Public Health / BH tie in
		How do we measure against the President's New Freedom Initiative?	Restricted formularies (and different)		Other agencies -- insurers, e.g. Anthem
		Education for public - destigmatizing mental illness			Financing - How much and how are we going to divide
		Public seems to be ahead of politicians in viewing mental health and addictions as public health issue			Action Steps